



PTO/SB/21 (09-06)
 Approved for use through 03/31/2007. OMB 0651-0031
 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	10/816,736
		Filing Date	April 1, 2004
		First Named Inventor	Tsukasa INOGUCHI
		Art Unit	2811
		Examiner Name	T. F. Tran
Total Number of Pages in This Submission	16	Attorney Docket Number	247322002100

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Receipt Postcard
<input type="checkbox"/> Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	MORRISON & FOERSTER LLP		
Signature			
Printed name	Barry E. Bretschneider		
Date	February 2, 2007	Reg. No.	28,055



Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

FEE TRANSMITTAL For FY 2006		Complete if Known	
<i>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</i>		Application Number	10/816,736
		Filing Date	April 1, 2004
		First Named Inventor	Tsukasa INOGUCHI
		Examiner Name	T. F. Tran
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Art Unit	2811
TOTAL AMOUNT OF PAYMENT (\$ 250.00)		Attorney Docket No.	247322002100

METHOD OF PAYMENT (check all that apply)					
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____					
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>03-1952</u> Deposit Account Name: <u>Morrison & Foerster LLP</u>					
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)					
<input checked="" type="checkbox"/> Charge fee(s) indicated below			<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee		
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17			<input checked="" type="checkbox"/> Credit any overpayments		

FEE CALCULATION																	
1. BASIC FILING, SEARCH, AND EXAMINATION FEES																	
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES												
	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fees Paid (\$)										
Utility	300	150	500	250	200	100	_____										
Design	200	100	100	50	130	65	_____										
Plant	200	100	300	150	160	80	_____										
Reissue	300	150	500	250	600	300	_____										
Provisional	200	100	0	0	0	0	_____										
2. EXCESS CLAIM FEES																	
Fee Description																	
Each claim over 20 (including Reissues) Fee (\$) Small Entity 50 25																	
Each independent claim over 3 (including Reissues) Fee (\$) Small Entity 200 100																	
Multiple dependent claims Fee (\$) Small Entity 360 180																	
<table border="1"> <tr> <td>Total Claims</td> <td>Extra Claims</td> <td>Fee (\$)</td> <td>Fee Paid (\$)</td> <td>Multiple Dependent Claims</td> </tr> <tr> <td>39</td> <td>- 38 = 1</td> <td>x 50.00</td> <td>= 50.00</td> <td>Fee (\$) Fee Paid (\$)</td> </tr> </table>								Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	39	- 38 = 1	x 50.00	= 50.00	Fee (\$) Fee Paid (\$)
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39	- 38 = 1	x 50.00	= 50.00	Fee (\$) Fee Paid (\$)													
HP = highest number of total claims paid for, if greater than 20.																	
<table border="1"> <tr> <td>Indep. Claims</td> <td>Extra Claims</td> <td>Fee (\$)</td> <td>Fee Paid (\$)</td> </tr> <tr> <td>9</td> <td>- 8 = 1</td> <td>x 200.00</td> <td>= 200.00</td> <td>Fee (\$) Fee Paid (\$)</td> </tr> </table>								Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	9	- 8 = 1	x 200.00	= 200.00	Fee (\$) Fee Paid (\$)	
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9	- 8 = 1	x 200.00	= 200.00	Fee (\$) Fee Paid (\$)													
HP = highest number of independent claims paid for, if greater than 3.																	
3. APPLICATION SIZE FEE																	
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).																	
<table border="1"> <tr> <td>Total Sheets</td> <td>Extra Sheets</td> <td>Number of each additional 50 or fraction thereof</td> <td>Fee (\$)</td> <td>Fee Paid (\$)</td> </tr> <tr> <td>- 100 =</td> <td>/50</td> <td>(round up to a whole number) x</td> <td>=</td> <td>Fees Paid (\$)</td> </tr> </table>								Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)	- 100 =	/50	(round up to a whole number) x	=	Fees Paid (\$)
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)													
- 100 =	/50	(round up to a whole number) x	=	Fees Paid (\$)													
4. OTHER FEE(S)																	
Non-English Specification, \$130 fee (no small entity discount)																	
Other (e.g., late filing surcharge): _____																	

SUBMITTED BY							
Signature			Registration No. (Attorney/Agent)	28,055	Telephone	(703) 760-7743	
Name (Print/Type)	Barry E. Bretschneider		Date	February 2, 2007			



Docket No.: 247322002100
(PATENT)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:
Tsukasa INOGUCHI

Application No.: 10/816,736

Confirmation No.: 1369

Filed: April 1, 2004

Art Unit: 2811

For: LIGHT-EMITTING APPARATUS PACKAGE,
LIGHT-EMITTING APPARATUS,
BACKLIGHT APPARATUS, AND DISPLAY
APPARATUS

Examiner: Thien F. Tran

SUPPLEMENTAL RESPONSE TO ELECTION OF SPECIES REQUIREMENT

MS Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Notice of Non-Compliant Amendment dated January 25, 2007, and further in response to the Action dated October 2, 2006, please amend this application as follows:

The listing of claims begins on page 2.

The Remarks begin on page 14.

02/05/2007 SZEWDIE1 00000109 031952 10816736
01 FC:1201 200.00 DA
02 FC:1202 50.00 DA